

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 11, 1997

ALL COUNTY LETTER 97-13

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR TRANSMITTAL

- ☐ State Law Change
- ☒ Federal Law Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: REVISION OF FOOD STAMP PROGRAM FORMS: DFA 285B, FOOD STAMP BUDGET WORKSHEET AND THE DFA 285D, FOOD STAMP BUDGET WORKSHEET/SPECIAL MEDICAL/SHELTER DEDUCTIONS

REFERENCE: Manual Sections (M.S.) 63-503.311(g), .312(h).

This letter informs County Welfare Departments (CWDs) about a revision to the Food Stamp Program budget worksheets as a result of a mandated change in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This change requires the computation of the homeless shelter deduction as part of a deduction from income instead of an "Allowable Shelter Cost". This provision is effective as soon as administratively possible, however, the change must be completed by March 31, 1997.

The budget worksheet forms, the DFA 285B(1/97) and DFA 285D(1/97) have been modified to accommodate this change. The homeless shelter deduction line item has been moved from the "Shelter Deduction" section (I) to the "Standard/Dependent Care/Homeless Shelter/Deduction" section (G) line G3 on the DFA 285B and from section (G) the "Shelter Deduction" section to the "Standard/Dependent Care/Medical/Homeless Shelter Deductions" section (E) line E4 on the DFA 285D.

CAMERA-READY COPIES

CWDs that need a camera-ready copy of the DFA 285B(1/97) and DFA 285D(1/97) may call the Forms Management Unit at (916) 657-1984 or CALNET 437-1984.

STOCK

Enclosed are reproducible copies of the DFA 285B(1/97) and DFA 285D(1/97). These may also be ordered from the California Department of Social Services (CDSS) warehouse

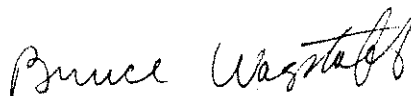
following the forms ordering procedures outlined in the County Forms Catalog. New stock is expected to be available in mid March. CDSS stock of the DFA 285B(4/96) and DFA 285D(3/96) will be destroyed when the (1/97) stock becomes available. Counties are advised to immediately use the new revision of this form and to cease using any prior versions.

### CONTACTS

If you have any questions or need further information, please contact the following Food Stamp Program staff regarding the specific program areas:

- Implementation of homeless shelter deduction on the DFA 285B(1/97) and DFA 285D(1/97): Bill Shaw, (916) 654-1459 or CALNET at 464-1459.
- Food Stamp Forms: Melissa Buchanan at (916) 654-8467 or CALNET at 464-8467.

Sincerely,

A handwritten signature in cursive script that reads "Bruce Wagstaff".

BRUCE WAGSTAFF  
Deputy Director  
Welfare Programs Division

Enclosure

**FOOD STAMP BUDGET WORKSHEET**

<b>CASE NAME</b>  <b>CERTIFICATION PERIOD</b> FROM _____ THROUGH _____	<b>CASE NUMBER</b>  <b>ISSUANCE MONTH</b> _____	<b>COMPANION CASE REFERENCE</b>  <b>ISSUANCE MONTH</b> _____	<b>CLASSIFICATION</b> <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED  <b>DOCUMENTATION</b>	
<b>PART 1 - GROSS INCOME ELIGIBILITY</b>				
<b>A. NONEXEMPT GROSS EARNED INCOME</b> 1. Gross Salary, Wages 2. Self-Employment 3. Training Allowance 4. Total Gross Earned Income (A1 + A2 + A3)	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____		
<b>B. NONEXEMPT GROSS UNEARNED INCOME</b> 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
<b>C. GROSS INCOME TEST</b> 1. Household Size 2. Maximum Gross Income Allowed (from Table) 3. Total Gross Monthly Income (A4 + B6) 4. Gross Income Eligible? (Is C3 less than or equal to C2?)	_____ \$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PART 2 - NET INCOME ELIGIBILITY</b>				
<input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective				
<b>D. INCOME (For Prospective Budgets Only)</b> 1. Adjusted Gross Earned Income (80% of A4) 2. Total Nonexempt Gross Income (B6 + D1)	\$ _____ \$ _____	\$ _____ \$ _____		
<b>E. NONEXEMPT GROSS EARNED INCOME (For Retrospective Budgets Only)</b> 1. Gross Salary, Wages 2. Self-employment 3. Training Allowance 4. Total Gross Earned Income (E1 + E2 + E3) 5. Adjusted Gross Earned Income (80% of E4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
<b>F. NONEXEMPT GROSS UNEARNED INCOME (For Retrospective Budgets Only)</b> 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (F1 + F2 + F3 + F4 + F5) 7. Total nonexempt Gross Income (E5 + F6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
<b>G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTION</b> 1. Standard Deduction: 2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two Child(ren) two and over/all other dependents Total Dependent Deductions 3. Homeless Shelter Deduction 4. Total Deductions (G1 + G2 + G3) 5. Preliminary Adjusted Income (D2 - G4 or F7 - G4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
<b>H. CHILD SUPPORT DEDUCTION</b> 1. Total Legally Obligated Child Support paid out by household 2. Adjusted Income (G5 - H1)	\$ _____ \$ _____	\$ _____ \$ _____		
<b>I. SHELTER DEDUCTION</b> 1. Total Housing Costs 2. Total Utility costs (Actual or SUA) 3. Total Shelter Costs 4. Allowable Shelter Costs (50% of H2) 5. Excess shelter Costs (I3 - I4) 6. Maximum Allowance for Shelter 7. Allowable Shelter Deduction (Lesser of I5 or I6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
<b>J. NET MONTHLY INCOME (H2 - I7)</b>	\$ _____	\$ _____		
<b>K. NET INCOME TEST</b> 1. Household Size 2. Maximum Net Income Allowable from 3. Net Income eligible	_____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PART 3 - BENEFITS</b>				
<b>ALLOTMENT</b> _____		<b>SUPPLEMENT</b> _____		
<b>ALLOTMENT</b> _____		<b>SUPPLEMENT</b> _____		
E.W. Initials/Date				

**WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION****PART 4-RESOURCES****L. MOTOR VEHICLES**

	Vehicle 1	Vehicle 2	DOCUMENTATION	
1. Vehicle Owner			For one licensed vehicle per household, determine the equity value; subtract exclusion limit & apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.	
Year/Class				
Make and Model				
Estimated Value				
Amount Owed				
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value				
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
			Minus Encumbrance	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Exclusion Limit	
If exempt and under exclusion limit, STOP here			Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below the alternate method used to determine value.

**M. RESOURCE ELIGIBILITY (Nonexempt Resources Only)**

1. Previous Month's Resources
2. Additional Resources (specify)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Subtotal (M1 + M2a + M2b + M2c)
4. Resources Sold, Traded or Given Away (specify)
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
5. Subtotal (M4a + M4b + M4c)
6. Current Resources (M3 - M5)
7. Resource Eligible?

ISSUANCE MONTH	ISSUANCE MONTH
\$ _____	\$ _____
_____	_____
_____	_____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 5-INCOME COMPUTATIONS****N. SELF-EMPLOYMENT (Nonexempt Resources Only)**

1. Gross Income from Self-Employment
2. Expenses: ☐ Standard 40% Deduction  
☐ Actual Expenses (Verification Required)
3. Total Nonexempt Income from Self-Employment  
If averaging self-employment income go to N7. If adjusting a previous average, continue to N4.
4. Adjustment to Gross Income
5. Adjustment to Expenses
6. Adjusted Self-Employment Income (N3 + N4 ± N5)
7. Monthly Self-Employment Income (N3 or N6 ÷ number of months income covers)

ISSUANCE MONTH	ISSUANCE MONTH
\$ _____	\$ _____
_____	_____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**O. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS**

1. Income from Grants, Scholarships or Loans
2. Tuition and Mandatory Fees
3. Total Nonexempt Educational Income (O1 - O2)
4. Monthly Income from Grants, Scholarships or Loans (O3 ÷ number of months income covers)

ISSUANCE MONTH	ISSUANCE MONTH
\$ _____	\$ _____
_____	_____
\$ _____	\$ _____
\$ _____	\$ _____

**PART 6-REPORTED CHANGES (Other than the CA 7 or DFA 377.5)**

Type of Change				
Date Change Occurred				
Date Change Reported				
EW Initials				

**FOOD STAMP BUDGET WORKSHEET -- Special Medical/Shelter Deductions**

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED
CERTIFICATION PERIOD FROM _____ THROUGH _____	<input type="checkbox"/> PROSPECTIVE <input type="checkbox"/> RETROSPECTIVE	<input type="checkbox"/> PROSPECTIVE <input type="checkbox"/> RETROSPECTIVE	<b>DOCUMENTATION</b>
<b>PART 1 - NET MONTHLY INCOME</b>			
	ISSUANCE MONTH	ISSUANCE MONTH	
<b>A. NONEXEMPT GROSS EARNED INCOME</b>			
1. Gross Salary, Wages	\$ _____	\$ _____	
2. Self-Employment	\$ _____	\$ _____	
3. Training Allowance	\$ _____	\$ _____	
4. Total Gross Earned Income (A1 + A2 + A3)	\$ _____	\$ _____	
5. Adjusted Gross Earned Income (80% of A4)	\$ _____	\$ _____	
<b>B. NONEXEMPT GROSS UNEARNED INCOME</b>			
1. Cash Aid	\$ _____	\$ _____	
2. Social Security, UIB, DIB, Pensions	\$ _____	\$ _____	
3. Child/Spousal Support	\$ _____	\$ _____	
4. Scholarships, Grants, Loans	\$ _____	\$ _____	
5. Other	\$ _____	\$ _____	
6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)	\$ _____	\$ _____	
<b>C. TOTAL NONEXEMPT GROSS INCOME (A5 + B6)</b>	\$ _____	\$ _____	
<b>D. EXCESS MEDICAL EXPENSES</b>			
1. Expected Recurring Expenses (occurring during the entire certification period). Include recurring averaged expenses.	\$ _____	\$ _____	
2. Limited Period Expenses (occurring during only a portion of the certification period). Include limited averaged expenses	\$ _____	\$ _____	
3. Total Allowable Expenses (D1 + D2)	\$ _____	\$ _____	
4. Less Medical Expense Allowance (\$35)	\$ _____	\$ _____	
5. Excess Medical Expenses (D3 - D4)	\$ _____	\$ _____	
<b>E. STANDARD/DEPENDENT CARE/MEDICAL/HOMELESS SHELTER DEDUCTIONS</b>			
1. Standard Deduction:	\$ _____	\$ _____	
2. Dependent Care (Lesser of Actual or Maximum)			
Child(ren) under two	\$ _____	\$ _____	
Child(ren) two and over/all other dependents	\$ _____	\$ _____	
Total Dependent Deductions	\$ _____	\$ _____	
3. Excess Medical Expenses (From D5)	\$ _____	\$ _____	
4. Homeless Shelter Deduction	\$ _____	\$ _____	
5. Total Deductions (E1 + E2 + E3 + E4)	\$ _____	\$ _____	
6. Total Adjusted Income (C - E5)	\$ _____	\$ _____	
<b>F. CHILD SUPPORT DEDUCTION</b>			
1. Total Legally Obligated Child Support paid out by household	\$ _____	\$ _____	
2. Total Adjusted Income (E6 - F1)	\$ _____	\$ _____	
<b>G. SHELTER DEDUCTION</b>			
1. Total Housing Costs	\$ _____	\$ _____	
2. Total Utility Costs (Actual or SUA)	\$ _____	\$ _____	
3. Total Shelter costs	\$ _____	\$ _____	
4. Allowable Shelter Costs (50% of E5)	\$ _____	\$ _____	
5. Excess Shelter Costs G3-G4	\$ _____	\$ _____	
<b>H. NET MONTHLY INCOME (F2-G5)</b>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>	\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>	
<b>PART 2 - NET INCOME ELIGIBILITY</b>			
<b>I. NET INCOME TEST</b>			
1. Household Size	_____	_____	
2. Maximum Net Income Allowed (From Table)	\$ _____	\$ _____	
3. Net Income Eligible? (Is G less than or equal to H2?)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	First-Month Benefits Prorated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PART 3 - BENEFITS</b>	ALLOTMENT	SUPPLEMENT	
E.W. Initials/Date			

**WORKSHEET FOR CHANGES AND OTHER DOCUMENTATION****PART 4—RESOURCES****K. MOTOR VEHICLES**

	Vehicle 1	Vehicle 2	DOCUMENTATION	
1. Vehicle Owner			<div>For one licensed vehicle per household, determine the equity value; subtract exclusion limit &amp; apply the excess to the resource limit. Apply the full equity value of all other vehicles to the resource limit.</div>	
Year/Class				
Make and Model				
Estimated Value				
Amount Owed				
Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Value				
3. Excluded as home, income producing, transport for handicapped or primary transport for fuel or water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	FMV	
			Minus Encumbrance	
4. Under current exclusion limit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
5. Exempt for household use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity Value	
6. For work, to seek work, school or training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Minus Exclusion Limit	
If exempt and under exclusion limit, STOP here			Excess Value	

If applicant/recipient disagrees with excess value of vehicle document below the alternate method used to determine value.

**L. RESOURCE ELIGIBILITY (Nonexempt Resources Only)**

	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (L1 + L2a + L2b + L2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)	_____	_____
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (L4a + L4b + L4c)	\$ _____	\$ _____
6. Current Resources (L3 - L5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 5—INCOME COMPUTATIONS****M. SELF-EMPLOYMENT (Nonexempt Resources Only)**

	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____
<input type="checkbox"/> Actual Expenses (Verification Required)	_____	_____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to M7. If adjusting a previous average, continue to M4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	_____	_____
6. Adjusted Self-Employment Income (M3 + M4 ± M5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (M3 or M6 ÷ number of months income covers)	\$ _____	\$ _____

**N. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS**

	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans	\$ _____	\$ _____
2. Tuition and Mandatory Fees	_____	_____
3. Total Nonexempt Educational Income (N1 - N2)	\$ _____	\$ _____
4. Monthly Income from Grants, Scholarships or Loans (N3 ÷ number of months income covers)	\$ _____	\$ _____

**PART 6—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)**

Type of Change				
Date Change Occurred				
Date Change Reported				
EW Initials				